Periscope.

NOUVELLE ICONOGRAPHIE DE LA SALPETRIERE.

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1. The Deviation of the Vertebral Column in Parkinson's Disease. J. A. SICARD and L. ALQUIER.
2. The Syndrome of Spasmodic Torticollis. DESTARAC.
3. Study of the Root and Cell Lesions of Tabes. A. THOMAS and G. HAUSER.
4. Contribution to the Study of the Physiological Action of Some Bromides. C. FÉRÉ.
5. Does a Peroneal Form of Charcot Marie Amyotrophy Exist? P. SAINTON.

1. *Parkinson's Disease and the Vertebral Column.*—The authors of this article in observing cases of Parkinson's disease were impressed by the fact that the deviation of the vertebral column was a frequent occurrence among them. This point had not received any mention either in the special monographs on this subject or in the text-books. In seventeen cases of Parkinson, twelve presented definite deviations of the vertebral column. This large proportion does not seem to depend upon accidental circumstances, because in examining some old published cases and photographs, the authors found evidences of this same condition, which had escaped the attention of former writers. The variety of deviation was found to be distributed as follows: four kyphoses, one scoliosis, four kypho-scolioses, two lordo-scolioses, and six kypho-lordo-scolioses. This vertebral column affection cannot be dependent upon cachexia or the prolonged stay in bed, because three only of this series would come into such a category. The examination of these cases shows very plainly that the deviations are directly caused by muscular rigidity. This theory is noted by the authors in concluding the article, which is illustrated very well by photographs that emphasize the authors' standpoint.

2. *Spasmodic Torticollis.*—Destarac presented to the last Congress of Toulouse two patients showing the same group of symptoms which recalled on the one hand spasmodic paraplegia and on the other Friedreich's disease and hereditary cerebellar ataxia. In this latter affection the integrity of the muscular force is in sharp contrast to its functional impotence systematized under the form of functional spasm, as is shown in certain complicated and co-ordinated movements, such as walking and writing. A spasmodic torticollis seems to be the most striking phenomenon of this condition and for that reason the syndrome of spasmodic torticollis has been the term used to describe it. The author attempts to prove that such cases and Friedreich's disease and hereditary ataxia have a common symptomatology. The first case, a girl of eighteen, offers the following points of similarity to these two conditions: Its appearance in the eighth year of life. Difficulty in writing preceding all other symptoms by a long time. Peculiar position of the feet in walking. Involuntary movements of the head and trunk. Flat foot and scoliosis. Tachycardia, dyspnea and vertigo. Conservation of muscular power. The reflexes are increased and not absent as is most commonly found in Friedreich's. The second case shows even more similarity. Man twenty-nine years old; at the age of twelve, difficulty in writing. Abolition of tendon reflexes, with conservation of skin reflexes.

Flat foot, scoliosis. Static ataxia of right arm. Involuntary movements of the face. Speech defect. `Fibrillary contraction. Slight decrease in objective sensibility, and the abolition of electro-muscular sensibility. Attacks of nystagmus, tachycardia and oppression. Modification of mechanical and electrical excitability, which recalls the myotonic reaction of Thomsen's disease. The cerebellar syndrome dominates the clinical picture of Friedreich's and hereditary ataxia, and the cerebellum appears to be either directly or indirectly most in evidence as a possible causative factor. After closely analyzing the symptoms present in these two cases and comparing them with those found in the above named diseases, Destarac concludes that they depend upon a disturbance of muscular tonus and of muscular equilibrium which manifests itself only under certain conditions, sometimes when the patient is in an upright position, and at other times when he attempts to execute certain complex movements with the conservation of muscular force. The many theories in regard to muscular tone may be summarized as follows: (1) Tone is the external manifestation of a state of permanent excitability of the motor cells of the cord, kept up by peripheral impressions. (2) This state of excitation of the motor cells is subject to a double influence, inhibitory or excitatory, arising from the superior centers (brain, cerebellum, medulla). These hypotheses applied to the cases in point, strongly support the conclusion that the relation between them and Friedreich's ataxia and hereditary ataxia is a very close one.

3. *Root and Cell Lesions of Tabes.*—This is a valuable contribution to the knowledge of the pathology of tabes which extends through two numbers of the journal. The article opens with a short consideration of the various theories which have been advanced to explain the origin of the tabetic lesion. The one point that stands out most definitely among all theories is the rôle which the posterior nerve roots play. It is the atrophy of these which occupies the preponderant position in all the results noted from the study of tabes. In spite of the recent work of Obersteiner, Redlich, and Nageotte, no definite decision has as yet been reached in respect to the cause, nature, and pathogenesis. For this reason the authors have made use of their large material to study the posterior nerve roots, their course between and in the neighborhood of the ganglion, above and below it. The ganglion itself and the alterations in the nerve cells have been investigated also. In the second portion of the article a very excellent anatomical description of the ganglion and its nerves is given, illustrated by very clear diagrams. The stains used were Weigert and Pal, with Azoulay for the nerve fibers and Marchi. As the specimens were mainly hardened in Müller the Nissl stain was seldom used. Forel's method of staining *en masse* was used with good effect for the axis cylinder, with an after treatment by Marchi. The third portion of the article is given to the description of the findings in the eleven cases of tabes which form the basis of this study. A short clinical résumé precedes each case. The description of the microscopical findings is very accurate and painstaking, and the illustrations are unusually good and convincing. The fourth portion of the paper is given up to a recapitulation of the findings, and the fifth to an interpretation of them. Under the former are noted (1) Lesions of the root fibers, the study of the root atrophy in the subganglionic tissue. (2) Lesions in the connective tissue of the ganglion. In all cases a pachymeningitis more or less pronounced existed about the posterior root. (3) Lesions in the parenchyma of the ganglion. The article ends with the authors' interpretation of these findings. In respect to the rôle which the nerve cells of the posterior root ganglia play in the origin of tabes, the following are noted: (1) The cellular lesions are inconstant, and the more recent the tabes, the less chance there is of finding them. (2) They are of little consequence in proportion to the number of cells present. (3) The changes are not speci-

fic in character; sometimes there is an alteration of protoplasm (chromatolysis, vacuolization, and atrophy) or of the nucleus (atrophy, disappearance); sometimes an inflammation of the pericellular capsule with hyperplasia of the cells or of the connective tissue. The following conclusions are noted as the results of this very interesting study:

The essential lesion of tabes is after all a dystrophy, which occurs in the whole of the peripheral sensory neurone, predominating especially in the central prolongation of the cell. This dystrophy attacks generally certain portions of the motor protoneurone and of the sympathetic system. The histological alterations are characterized by modifications in the nerve fibers which can be compared under certain conditions to those which occur in the course of a toxic neuritis, either produced experimentally or in the course of disease. They are very distinct from a Wallerian degeneration. If the cell body of the sensitive protoneurone appears in general to keep its structure and its normal aspect, it is nevertheless sometimes the seat of a trophic lesion. In addition, in spite of the absence of atomic lesions, it is reasonable to suppose that its trophic function is in a certain measure compromised.

4. *Bromide Action.*—This paper is a continuation of the experiments made by Féré to determine the effects of doses of bromide upon the work capacity. The cortex of the brain gives rise to voluntary muscular activity upon excitation, and the ergograph of Mosso is the means used to measure this. The mass of experimental data makes an abstract of this article an impossibility.

5. *Does a Peroneal Form of Charcot Marie Amyotrophy Exist?*—This question is answered in the affirmative by Sainton in a brief communication in which he mentions two cases of amyotrophy limited to the lower limbs. The grandmother of these individuals had the same condition which was limited as in them to the lower extremities. Although there has been no autopsy on such cases, the existence of a peroneal amyotrophy of the Charcot-Marie type cannot be doubted.

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AMERICAN JOURNAL OF INSANITY.

(Vol. LVIII, 1902, No. 4.)

1. Etiology of Paresis. Hurd.
2. The Early Diagnosis of Paresis. F. X. Dercum.
3. The Comparative Frequency of General Paresis. O. G. Wagner.
4. Treatment of Paresis; Its Limitations and Expectations. E. Cowles.
5. Heredity—With a Study of the Statistics of the New York State Hospitals. W. G. Krauss.
6. Senility and Senile Dementia. Russell.
7. Some Observations upon the Elimination of Indican, Acetone and Diacetic Acid in Various Psychoses. Coriat.
8. Studies in the Manic-Depressive Insanity, with Report of Autopsies in Two Cases. S. Paton.

1. *Etiology of Paresis.*—The author takes up the various factors bearing on the etiology of this disease, beginning with syphilis, citing the results of observations of different writers, which vary all the way from 11 to 94 per cent., while in his own cases he has found only 20 per cent. of paretics syphilitic, which he accounts for largely by the inability to secure a complete anamnesis in many cases of the disease. As a further argument in favor of lues, he shows that this disease is particularly rare where syphilis does not exist, as in Ireland; but again in Egypt and Japan, where it is extremely prevalent, these countries lack the special stress coincident with Western civilization. Further clergy, priests and Quakers, who are rarely syphilitic, are proportionately free from paresis. It has also been observed,